Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011506	A. BUILDING _____ B. WING _____	C 06/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL	5165 MCCARTY LN LAFAYETTE, IN 47905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of a state licensure hospital complaint. Complaint Number: IN00108307 Substantiated: No deficiencies cited. Date: 6/19/12 Facility Number: 011506 Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor Indiana University Health Arnett Hospital is in compliance with 410 IAC 15-1.5-6, Nursing service, and 410 IAC 15-1.5-7, Pharmaceutical services, Indiana Hospital Licensure Rules. QA: claughlin 06/28/12	S 000		